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FROM: **TRUDI SLONE**  
**Office of Counsel, Naval Air Warfare Center Weapons Div**  
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DATE: **21 October 2004**SUBJECT: **Issue Fees for Navy Case 84694, Application No. 10/622177**

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Attorney Docket No. 84694

Attached Paper(s) or Fee(s):

Transmittal Form 1 page  
PTOL-85 Fee(s) Transmittal Form (2 copies) 2 pages

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/622,177
		Filing Date	7/17/03
		First Named Inventor	NIXON, Laurence G.
		Art Unit	2199
		Examiner Name	SINGH, Sunil
Total Number of Pages in This Submission	3	Attorney Docket Number	84694

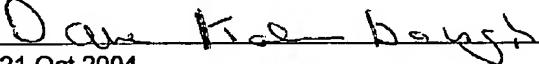
### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits / declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing - related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interference's <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (Please identify below)
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PTOL-85 Fee Transmittal Form

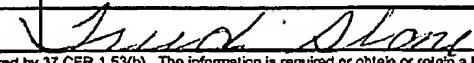
Remarks

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	David S. Kalmbaugh	29,234
Signature		
Date	21 Oct 2004	

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